

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36702

State File No. _____

Registrar's No. **10154**

FILED DEC 3 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4250 California Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Clarence J. Miller**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie E. Miller** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 3, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 15 hr. min.

9. Birthplace **Chattonooga Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **President**

11. Industry or business **Miller Printing & Engrv.**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jessie E. Miller**

(b) Address **4250 California Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/20/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **NOV 19 1943** (Date received local registrar) (b) **J F Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4250 California Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18th**
year **1943** hour **9:00 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **4/15**, 19**43** to **11-18**, 19**43**;
that I last saw him alive on **11-17**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery thrombosis**

Due to **Myocarditis, Hypertension** 3 yrs

Due to **Arterio-sclerosis** 4 yrs

Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations _____

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Victor L. Sauer** (M. D. or other) **NO**
Address **5813 W. Watson** Date signed **11/19/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed William G. Buchholz
Licensed Embalmer No. 2110
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.